

SERFF Tracking Number:	PHAR-125593732	State:	Arkansas
Filing Company:	Pharmacists Mutual Insurance Company	State Tracking Number:	EFT \$20
Company Tracking Number:	AR-APV-07-08-F		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Automobile		
Project Name/Number:	AR-APV-07-08-F/AR-APV-07-08-F		

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Personal Automobile	SERFF Tr Num: PHAR-125593732	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$20
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: AR-APV-07-08-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Kris Laubenthal	Disposition Date: 04/29/2008
	Date Submitted: 04/28/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-APV-07-08-F	Status of Filing in Domicile: Authorized
Project Number: AR-APV-07-08-F	Domicile Status Comments:
Reference Organization: ISO	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/29/2008	
State Status Changed: 04/29/2008	Deemer Date:
Corresponding Filing Tracking Number: AR-APV-07-08-RR; SERFF #PHAR-125593733	
Filing Description:	
Pharmacists Mutual Insurance Company is a member and subscriber to ISO for its Personal Automobile program in your state. The purpose of this filing is to submit our Declarations Page. We request an effective date of 7/1/2008 for all new and renewal business.	

Please see the attached documentation for details.

SERFF Tracking Number:	PHAR-125593732	State:	Arkansas
Filing Company:	Pharmacists Mutual Insurance Company	State Tracking Number:	EFT \$20
Company Tracking Number:	AR-APV-07-08-F		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Automobile		
Project Name/Number:	AR-APV-07-08-F/AR-APV-07-08-F		

Company and Contact

Filing Contact Information

Kris Laubenthal, State Filings Analyst	kris.laubenthal@phmic.com
PO Box 370	(515) 295-2461 [Phone]
Algona, IA 50511	

Filing Company Information

Pharmacists Mutual Insurance Company	CoCode: 13714	State of Domicile: Iowa
808 Highway 18 West	Group Code: 775	Company Type: Mutual
P.O. Box 370		
Algona, IA 50511	Group Name:	State ID Number:
(800) 247-5930 ext. [Phone]	FEIN Number: 42-0223390	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20.00 per form filed.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$20.00	04/28/2008	19933923

<i>SERFF Tracking Number:</i>	<i>PHAR-125593732</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>AR-APV-07-08-F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>AR-APV-07-08-F/AR-APV-07-08-F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	04/29/2008	04/29/2008

<i>SERFF Tracking Number:</i>	<i>PHAR-125593732</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>AR-APV-07-08-F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>AR-APV-07-08-F/AR-APV-07-08-F</i>		

Disposition

Disposition Date: 04/29/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Please note that if you are adopting an ISO form as is, the fee is \$20.00. If you are making a form filing that is not an adoption, the fee is \$50.00.

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHAR-125593732</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>AR-APV-07-08-F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>AR-APV-07-08-F/AR-APV-07-08-F</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Form	Personal Automobile Declarations		Yes

<i>SERFF Tracking Number:</i>	<i>PHAR-125593732</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>AR-APV-07-08-F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>AR-APV-07-08-F/AR-APV-07-08-F</i>		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Personal Automobile Declarations	APVDEC	12/07	Declaration New s/Schedule			APVDEC 1207.pdf

PERSONAL AUTOMOBILE DECLARATIONS
THIS IS NOT A BILL

NAMED INSURED AND MAILING ADDRESS TEST INSURED TEST ADDRESS TEST CITY STATE ZIP				CUSTOMER NUMBER 00000000 POLICY NUMBER APV 00000 00 Previous Policy Number APV 0000 POLICY PERIOD XX/XX/XX TO XX/XX/XX 12 01 A.M. Standard Time at the described location															
TRANSACTION RENEWAL DECLARATION																			
VEH. YEAR MAKE/MODEL 1 2000 PRETEND						STATE IA		SYMBOL 12		TERR. 32		RATE CLASS 835820		VIN 1J4GW48S8YC342701		DISCOUNTS Y/N ABS BRAKE AIR B/SEAT B THEFT ALARM FULL PAY LOYALTY SAFE DRIVER PERSNL PKG Y Y Y Y N N N		STATED VALUE GARAGED LOCATION	
				VEHICLE 1		VEHICLE		VEHICLE		VEHICLE									
COVERAGE	PER PERSON LIMIT	PER ACCIDENT LIMIT	PREMIUM	DED	PREMIUM	DED	PREMIUM	DED	PREMIUM	DED									
Bodily Injury	500,000	500,000	172.00																
Property Damage		100,000	110.00																
Medical Payments	5,000		22.00																
Uninsured Motorist Bodily Injury	500,000	500,000	21.00																
Underinsured Motorist Bodily Injury	500,000	500,000	44.00																
Other than Collision			116.00	250															
Collision			139.00	500															
VEHICLE PREMIUM TOTAL			\$ 624.00																
POLICY PREMIUM TOTAL										\$ 624.00									

Authorized Representative APPROPRIATE FIELD REP

4022

THIS IS NOT A BILL

NAMED INSURED AND MAILING ADDRESS TEST INSURED TEST TEST	CUSTOMER NUMBER	0000
	POLICY NUMBER	APV 00000
	Previous Policy Number	APV 00000
	POLICY PERIOD	XX/XX/XX TO XX/XX/XX 12 01 A.M. Standard Time at the described location

DRIVERS ON THE POLICY

1 TEST INSURED

DISCOUNTS Y/N

GOOD STUDENT	DRIVER TRAINING	DEFENSIVE DRIVER
N	N	N

FORMS AND ENDORSEMENTS

WARNING: A person who knowingly submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer may be guilty of a crime and may be subject to criminal and civil penalties.

<i>SERFF Tracking Number:</i>	<i>PHAR-125593732</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>AR-APV-07-08-F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>AR-APV-07-08-F/AR-APV-07-08-F</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHAR-125593732</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>AR-APV-07-08-F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>AR-APV-07-08-F/AR-APV-07-08-F</i>		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	04/03/2008
Comments:		
Attachment:		
NAIC Transmittal Doc AR APV 07-08-F.pdf		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	